

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/578589

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	2					
4	2	2				
5	2	2				
6	2	2				
7	2	2				
8	2	1				
9	2					
10	2					
11	2					
12	2					
13	2					
14	2					
15	2					
16		1				
17		1				
18		1				
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41	1	1				
42	1	1				
43	1					
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49						
50						
TOTAL IND.	3					
TOTAL DEP.	50					
TOTAL CLAIMS	53					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						